MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/577056 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AFTER AS FILED **AS FILED** I"AMENDMENT 2 [™] AMENDMENT 1" AMENDMENT 2 ™AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. | DEP. IND. DEP. <u>93</u> TOTAL TOTAL IND. IND. TOTAL

DEP.

TOTAL

CLAIMS

PTO - 1360 (REV. 11/04)

TOTAL

DEP.

TOTAL

U.S. DEPARTMENT of COMMERCE

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